

Date: [Date]

[Recipient Name/Admissions Coordinator]

[Comprehensive Epilepsy Center Name]

[Address]

[City, State, Zip Code]

RE: Referral for Surgical Evaluation for Refractory Epilepsy

Patient Name: [Patient Name]

Date of Birth: [DOB]

Diagnosis: Refractory Focal Epilepsy (ICD-10: G40.211)

Dear Epilepsy Surgery Committee,

I am referring [Patient Name] for a comprehensive Phase I surgical evaluation. The patient has been diagnosed with drug-resistant epilepsy, failing to achieve seizure freedom despite adequate trials of multiple anti-seizure medications (ASMs).

Clinical History:

The patient's seizures began at age [Age]. Current seizure semiology includes [Brief Description of Seizure Type]. Seizure frequency is currently [Number] per [Week/Month].

Medication Trials:

The patient has failed the following medications due to lack of efficacy or intolerable side effects:

- [Medication 1]
- [Medication 2]
- [Medication 3]

Current medications include: [List Current ASMs].

Diagnostic Data:

- **EEG/VEEG:** [Summary of findings, e.g., Left temporal spikes]
- **MRI Brain (Epilepsy Protocol):** [Summary of findings, e.g., Mesial temporal sclerosis]
- **Neuropsychological Testing:** [Summary if available]

Goal of Referral:

The patient continues to experience a high seizure burden that significantly impacts their quality of life. I am requesting an evaluation to determine candidacy for surgical intervention, including but not limited to resective surgery, Laser Interstitial Thermal Therapy (LITT), or neuromodulation (VNS/RNS/DBS).

Please find the attached medical records, imaging reports, and EEG tracings. Thank you for your assistance in the care of this patient.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title/Credentials]

[Contact Information]